

Primary Care Practice State-Regulated Payer Electronic Health Record Adoption Incentive Application

Application Instructions

Please **read all information** regarding the State-regulated payer electronic health record (EHR) incentive program, including eligibility, and other program requirements on the website at the following link before completing this application: mhcc.dhmh.maryland.gov/hit/ehr/Pages/stateincentive/stateehrincentive.aspx.

This *Primary Care Practice State-Regulated Payer EHR Adoption Incentive Application* is comprised of three parts. Part I captures primary care practice information. Part II captures information about the nationally certified EHR system used by the primary care practice. Part III is a signed attestation to confirm the information contained in the application is correct.

Eligible primary care practices must submit the *State-Regulated EHR Adoption Incentive Application*, including required documentation, to each payer to which it is applying for the incentive.

NOTE: You are required to answer all questions unless otherwise noted. Select attachments are required. Incomplete forms will be returned to the primary care practice.

PART I – PRIMARY CARE PRACTICE INFORMATION

1. Name of State-regulated payer (payer) to which this application is being submitted (*select only one*):

Aetna, Inc.	Coventry Health Care
CareFirst BlueCross BlueShield	Kaiser Permanente
CIGNA Health Care Mid-Atlantic Region	UnitedHealthcare, MidAtlantic Region

2. Primary Care Practice Name:

Street:	Street 2 (if applicable):	
City:	State:	Zip:
Area Code/Telephone:	Primary care practice tax identification number:	
Organization national provider identification number:		

3. Identify the person to contact at the primary care practice for information concerning this application:

Name:	Title:
E-mail Address:	Area Code/Telephone:

4. Include the following information for the primary care physicians within your practice(*add additional pages as attachments if needed. All attachments should include your practice name and tax ID.*):

Physician Name	Specialty	NPI #

5. Number of patients assigned to the practice, by the payer to which this application will be submitted, at the time of this application: patients

*If no patients are assigned by this payer, include the total number of patients, which are:

- a) Actively enrolled with the payer at the time of the application, and

- b) Who have been treated by the practice within the previous 24 months from the date of the application: patients

Questions 6 and 7 below are optional and will not be used in determining your eligibility for the incentive.

6. At the time of your payment request, do most of the professionals in the practice qualify for the Medicare EHR Incentive Program¹ under the *American Recovery and Reinvestment Act of 2009*? Yes No
7. At the time of your payment request, do most of the professionals in the practice qualify for the Medicaid EHR Incentive Program under the *American Recovery and Reinvestment Act of 2009*? Yes No

PART II – EHR INFORMATION

NOTE: To qualify for the State-regulated payer EHR adoption incentive payment, the practice must adopt an EHR system that is certified by an authorized testing and certification body recognized by the Office of the National Coordinator for Health Information Technology (ONC-ATCB). To determine if your EHR system version is ONC-ATCB certified, please visit the Certified Health Information Technology Product List at: <http://onc-chpl.force.com/ehrcert>.

1. Provide the following information regarding the EHR system in use by the primary care practice:
 - a) EHR date of first use: Month Year
 - b) EHR system name and version:
 - c) Is the EHR system version in use by the practice ONC-ATCB certified? Yes No
 - d) *Optional* - EHR system cost (i.e., the initial cost of the system hardware and software): \$
 - e) *Optional* - Estimated implementation costs (e.g., training, system configuration, risk and workflow assessments, licensing fees, etc.): \$
2. Indicate in the chart below the date of first use for the EHR functions listed or if/when you expect to implement them. The use of these functions is applicable to the *Additional Incentive* and not required of the practice. For more information, please see *Additional Incentive* in the *Glossary* section. (*Indicate all that apply*)

EHR Functionality	Date of first use
	Actual/Expected (MM/DD/YY)
Clinical Decision Support	
Computerized Provider Order Entry	
Capturing and querying information relevant to health care quality	
Exchanging electronic health information with and integrating the information from other sources within the EHR	
Other: (specify)	
Other: (specify)	
Other: (specify)	

¹ For more information about the Medicare and Medicaid EHR Incentive Program, please visit: <https://www.cms.gov/ehrincentiveprograms/>.

PART III – ATTESTATION

I hereby certify that I am an authorized agent of the reporting primary care practice and verify that the information submitted in this *EHR Adoption Incentive Application*, is true and correct, to the best of my knowledge, information, and belief.

Name and Title of Authorized Primary Care Practice Representative

Signature of Authorized Primary Care Practice Representative

Date

Entering an electronic signature or typing a name in the signature box above is the equivalent of a physical signature.

THANK YOU FOR COMPLETING THE APPLICATION

BEFORE YOU SUBMIT THE APPLICATION

Be sure this application is complete by using this check list.

- ☐ Did you complete all questions in Part I, unless noted that they are not required?
- ☐ Did you complete all questions in Part II, unless noted they are not required?
- ☐ Did you complete and sign the ATTESTATION by an authorized primary care practice representative?
- ☐ Did you attach a list of additional physicians within the practice, their specialty, and NPI numbers that were not included on page 1? All attachments should include your practice name and tax ID#.
- ☐ Did you provide an estimated number of patients on the practice's panel? If no patients are assigned by the payer, did you include the total number of patients which are actively enrolled with the payer at the time of the application, and who have been treated by the practice within the previous 24 months from the date of this application?

RETURN COMPLETED APPLICATION

Please return completed application to the appropriate payer using the information provided below. The following address and contact information was provided by each payer. **Questions regarding your application should be directed to the payer using the following contact information.**

Aetna, Inc.

Maryland EHR Incentives
509 Progress Drive
Suite 118
Linthicum, MD 21090
Fax: (860) 975-9223
MarylandEHRIncentives@aetna.com

CIGNA Health Care Mid-Atlantic Region

Contracting, Electronic Health Records
Fax: (888) 208-7173

CareFirst BlueCross BlueShield

External Mandates, Mailstop: 01-301
10455 Mills Run Circle
Owings Mills, MD 21117
C/O EHR Incentive Coordinator
Fax 410-505-2445
EHRIncentiveCoordinator@carefirst.com

Coventry Health Care

Attn: Provider Relations Department – Dolores Shores
750 Prides Crossing, Suite 300
Newark, DE 19713
Phone: (800) 727-9951, ext. 2031145
Fax 866-602-1246
dtshores@cvy.com

Kaiser Permanente

Provider Contracting and Network Management
2101 E. Jefferson St.
Rockville, MD 20852
Phone: (301) 816-6564
Fax: (301) 388-1700
Provider.Relations@kp.org

UnitedHealthcare, MidAtlantic Region

Attention: MD EHR – Lisa Kahl
800 King Farm Blvd, Suite 600
Rockville, MD 20850
Fax: (855) 740-9924
Md_ehr_incentive@uhc.com

WHAT TO EXPECT NEXT

The payer will issue a State-regulated payer EHR adoption incentive application acknowledgement letter (letter) within 90 days of receipt of the application. A primary care practice may request an incentive no earlier than six months after submitting this application and no later than December 31, 2014. A request for the *Additional Incentive* can be submitted with the EHR adoption incentive payment request for the *Base Incentive* or in a subsequent EHR adoption incentive payment request. To request an incentive, please visit the State-regulated payer EHR adoption incentive program webpage for program details and to access to the *State-Regulated Payer EHR Adoption Incentive Payment Request* form at:

<http://mhcc.dhmd.maryland.gov/hit/ehr/Pages/stateincentive/stateehrincentive.aspx>.

Questions regarding your application should be directed to the payer.

GLOSSARY

Additional Incentive – an adoption incentive not to exceed \$7,500 or an incentive of equivalent value above the *Base Incentive* awarded on a one-time basis to a primary care practice that meets additional criteria in the use and adoption of electronic health records including: a) contracts with a State-Designated MSO for EHR adoption or implementation services; b) demonstrates advanced use of EHRs; c) participates in the payer's quality improvement outcomes initiative, and achieves the performance goals established by the payer. Payers may implement a variety of approaches in calculating the *Additional Incentive* and determining a practice's qualification as it relates to advanced use of an EHR. Please contact the payer for details regarding its *Additional Incentive* calculation criteria.

Base Incentive – an adoption incentive not to exceed \$7,500 or an incentive of equivalent value awarded on a one-time basis to a primary care practice that is based on a per patient amount applied to the total number of the payer's member patients who are treated by the primary care practice. A payer may exclude plan participants from the incentive calculation for a practice that was previously included in another practice's incentive calculation. Payers may exclude patients from the *Base Incentive* calculation who are enrolled in a self-insured health plan at the time of the payment request.

Electronic health record (EHR) – an EHR system certified by an authorized testing and certification body designated by the Office of the National Coordinator for Health Information Technology and: 1) contains health-related information on an individual that includes patient demographic and clinical health information; 2) has the capacity to: provide clinical decision support; support physician order entry; capture and query information relevant to health care quality; and 3) exchange and integrate electronic health information from other sources.

EHR adoption incentive – a cash payment, or a payment incentive of equivalent value agreed upon by the primary care practice and payer, that an eligible primary care practice can receive from a payer to assist the primary care practice in adopting and implementing an electronic health record.

Incentive of equivalent value – a practice may choose a non-cash incentive, agreed upon with the payer, that includes any of the following: specific services; gain-sharing arrangements; reward for quality and efficiency; in-kind payment; or other items or services that can be assigned a specific monetary value.

Management service organization (MSO) – an organization that offers one or more hosted EHR solutions and other technical assistance services to health care providers and has received recognition by the Maryland Health

Care Commission as a State-Designated MSO or has applied with the Maryland Health Care Commission for recognition as a State-Designated MSO and has been granted Candidacy Status.

Payer – a State-regulated carrier that issues or delivers health benefit plans in the State and includes: Aetna, Inc; CareFirst BlueCross BlueShield; CIGNA HealthCare Mid-Atlantic; Coventry Health Care; Kaiser Permanente; UnitedHealthcare, MidAtlantic Region; and the Maryland State employee and retiree health and welfare benefits program.

Practice panel – the patients assigned by a payer to a provider within a primary care practice, or when a payer does not assign patients to a provider within a primary care practice, the number of patients actively enrolled with the payer at the time of the payment request, and who have been treated by the practice within the previous 24 months from the date of the payment request. Payers may exclude patients from the practice panel who are enrolled in a self-insured health plan at the time of the payment request.

Primary care practice – a medical practice located in Maryland that is comprised of one or more physicians who provide medical care in family, general, geriatric, internal medicine, pediatric, or gynecologic practice.

Quality improvement outcomes program – a program comprised of various nationally endorsed quality improvement indicators which, for the purpose of this incentive program, include indicators regarding the basic adoption and the advanced use of the EHR.

State-Regulated Payer EHR Adoption Incentive Application Acknowledgement Letter – a letter sent by the payer to the primary care practice acknowledging receipt of the primary care practice's EHR adoption incentive application.